

## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

1 FILING DATE

**APPLICANT(S)**

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7	1					
8		1				
9		1				
10		1				
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TOTAL IND.	1					
TOTAL DEP.		1				
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
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